

Jim R. Ryan, Acting Clerk
USDC - MA

**United States Court of Appeals
For the First Circuit**

RECEIVED

No. 05-1048
DC No. 04-cv-40089

JOSEPH MARION HEAD, JR.
Plaintiff - Appellant

v.

UNITED STATES; DAVID L. WINN, Warden, Federal
Medical Center, Devens; STATE OF NORTH CAROLINA
Defendants - Appellees

ORDER OF COURT
Entered: February 4, 2005

The appellant listed above is a prisoner seeking to appeal in forma pauperis and has applied to proceed without prepayment of the \$105 filing fee under the Prison Litigation Reform Act (PLRA), 28 U.S.C. § 1915(a)(2). Appellant has completed and filed a consent form permitting appropriate prison officials to calculate and collect in installments the \$255 filing fee from appellant's prison trust account in accordance with the terms of 28 U.S.C. §1915(b)(1) and (2).

1. Pursuant to the consent form signed by the appellant, the custodian of this appellant's inmate trust account is directed to **calculate, collect and forward to the Clerk of the United States District Court for the District of Massachusetts**, as payment for the initial partial filing fee under 28 U.S.C. §1915(b)(1), 20% of the greater of:

(a) the average monthly deposits to the inmate trust account; or

(b) the average monthly balance in the inmate trust account, for the 6 months immediately preceding the filing of the notice of appeal on November 18, 2004. That sum should be deducted from appellant's prison account until the initial partial filing fee is paid.

2. After the initial partial filing fee is paid in full, pursuant to 28 U.S.C. §1915(b)(2) and the consent form executed by appellant, appellant's custodian is directed to calculate and remit each succeeding month on a continuing basis 20% of the preceding month's income credited to appellant's account, but only when the amount in the account exceeds \$10, until the full \$255 filing fee is paid. **Each payment shall reference the docket number of this appeal and the district court docket number and be paid to the district court.**

3. Appellant's custodian shall notify this court and the Clerk of the United States District Court if the appellant is transferred to another institution or released.

4. A copy of this order shall be sent to appellant's custodian and to the Clerk of the United States District Court for the District of Massachusetts. A copy of appellant's authorization shall be sent to the custodian.

For the court, by direction,

Richard Cushing Donovan, Clerk

JULIE GRE

By: _____
Operations Manager

[Certified copy to William Ruane, Acting Clerk of the USDC of MA,
and John Collantis, Unit Manager, FMC Devens,
cc: Messrs. Head, Cooper, Sullivan]

CERTIFIED COPY

I HEREBY CERTIFY THIS DOCUMENT
IS A TRUE AND CORRECT COPY OF
THE ORIGINAL ON FILE IN MY OFFICE
AND IN MY LEGAL CUSTODY.

FIRST CIRCUIT COURT OF APPEALS
BOSTON, MA

By: *D. Barchard* Date: 2/4/05

OFFICE OF THE CLERK
 UNITED STATES COURT OF APPEALS
 FOR THE FIRST CIRCUIT
 UNITED STATES COURTHOUSE
 1 COURTHOUSE WAY, SUITE 2500
 BOSTON, MA 02210
 (617) 748-9057

RE: 05-1048 Head v. US (District Court #04-40089)

To Be Filed By: 2/4/05

PRISONER TRUST ACCOUNT REPORT

Name: Joseph Marion Head Jr. NUMBER: 17549-056

TO: Trust Officer
 FROM: Clerk, U.S. Court of Appeals for the First Circuit

Under the Prisoner Litigation Reform Act, a prisoner appealing a civil judgment must obtain from the trust officer of each institution in which the prisoner was confined during the preceding six months a **certified copy** of the prisoner's trust account statement for the six months prior to filing of the appeal.

Please complete this form, attach the supporting ledger sheets, and return these documents to the prisoner for mailing to the court in advance of the due date shown at the top of the form.

DATE OF FILING NOTICE OF APPEAL: 11/18/04

BALANCE at time of filing notice of appeal: .02

AVERAGE MONTHLY DEPOSITS during the six months prior to filing of the notice of appeal: \$ 243. ⁸⁸/₁₀₀

AVERAGE MONTHLY BALANCE during the six months prior to filing of the notice of appeal: \$ 6. ³¹/₁₀₀

I certify that the above information accurately states the deposits and balances in applicant's trust account for the period shown. The attached ledger sheets for the six-month period prior to 11/18/04 are true copies of account records maintained in the ordinary course of business.

DATE: 1/27/2005

AUTHORIZED SIGNATURE: 

NAME AND TITLE: John D. Colaninzi, Unit Manager
 ADDRESS: 42 Patton Road
P.O. Box 880
Ayer, MA 01432

Inmate Inquiry

Inmate Reg #: 17549056 Current Institution: Devens FMC
Inmate Name: HEAD, JOSEPH Housing Unit: N SOMP
Report Date: 01/27/2005 Living Quarters: N02-219U
Report Time: 8:11:27 AM

General Information | Account Balances | Commissary History | Commissary Restrictions | Comments

General Information

Administrative Hold Indicator: No

No Power of Attorney: No

Never Waive NSF Fee: No

Max Allowed Deduction %: 100

PIN: 5438

FRP Participation Status: ExemptTmp

Arrived From:

Transferred To:

Account Creation Date: 2/15/2002

Local Account Activation Date: 7/1/1991

Sort Codes:

Last Account Update: 1/24/2005 5:51:13 PM

Account Status: Active

ITS Balance: \$0.00

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance:	\$0.02
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00

Outstanding Negotiable Instruments: \$0.00
Administrative Hold Balance: \$0.00
Available Balance: \$0.02
National 6 Months Deposits: \$243.88
National 6 Months Withdrawals: \$243.94
National 6 Months Avg Daily Balance: \$6.31
Local Max. Balance - Prev. 30 Days: \$14.70
Average Balance - Prev. 30 Days: \$3.69

Commissary History

Purchases

Validation Period Purchases: \$19.67
YTD Purchases: \$193.57
Last Sales Date: 1/24/2005 5:51:13 PM

SPO Information

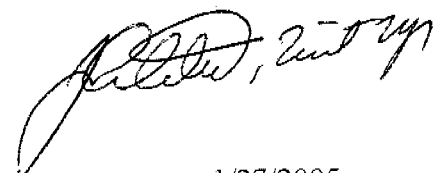
SPO's this Month: 0
SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
Weekly Revalidation: No
Spending Limit: \$290.00
Expended Spending Limit: \$2.65
Remaining Spending Limit: \$287.35

Commissary Restrictions

Spending Limit Restrictions



Restricted Spending Limit: \$0.00

Restricted Expended Amount: \$0.00

Restricted Remaining Spending Limit: \$0.00

Restriction Start Date: N/A

Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Userid	Active
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Comments

Comments:

John A. [Signature], Unit 24

RE: 05-1048 Head v. US (District Court #04-40089)

To Be Filed By: 2/4/05

PRISON LITIGATION REFORM ACT (PLRA) CONSENT FORM:
CONSENT TO COLLECTION OF FEES FROM INMATE TRUST ACCOUNT

I, Joseph Marion Head Jr., # 17549-056, hereby give my consent that upon entry of a court order approving my application to proceed without prepayment of fees and setting the amount of the initial partial appellate filing fee, the appropriate prison officials shall collect from my prison account and pay to the appropriate district court an initial payment of twenty percent of the greater of:

- (a) the average monthly deposits to my account for the six-month period immediately preceding the filing of my notice of appeal; or
- (b) the average monthly balance in my account for the six-month period immediately preceding the filing of my notice period.

In satisfaction of the balance of the filing fee, I consent for the appropriate prison officials to collect from my account, on a monthly basis, an amount equal to twenty percent of the income credited to my account for the preceding month if the balance in the account for that month exceeds \$10. The appropriate officer shall forward the interim payment to the Clerk's Office,

U.S. District Court of MA
1 Courthouse Way
Boston, MA 02210

until such time as the filing fee* is paid in full.

Executed on the 26 day of Jan, 2005.

Joseph Marion Head Jr.
SIGNATURE OF APPELLANT
Joseph Marion Head Junior
PRINT NAME

☐ COPY

RE: 05-1048 Head v. US (District Court #04-40089)

To Be Filed By: 2/4/05

SP

MOTION TO PROCEED IN FORMA PAUPERIS FEB -3 A 11:23

I, Joseph Marion Head Junior, am the Appellant in the above entitled case. In support of my motion to proceed on appeal without being required to prepay fees, I state that because of my poverty I am unable to prepay the costs of said proceeding or to give security therefor, that I believe I am entitled to redress, and that the issues that I desire to present on appeal are the following:

- (2) Was My Rights ETC. Violated As Asserted Within The Prison and Court Records In The Past 31 years?
(2) Is The Lower Ct.s Orders Etc. Incorrect Or Violative of Law Or My Rights? (3) What Relief Is And Was Entitled and Not Entitled and Why?

I make this application with the understanding that I am liable under 28 U.S.C. Sec. 1915 for the full payment of all fees, costs, and sanctions imposed on this appeal; that such charges will be collected and paid from my prison trust account; and that any unpaid fees, costs, or sanctions will constitute a debt not dischargeable in bankruptcy.

I further swear that the responses that I have made on the attached financial affidavit relating to my ability to prepay the cost of prosecuting the appeal are true.

1-26-05
DATE

Joseph Marion Head Junior
SIGNATURE OF APPLICANT

Joseph Marion Head Junior
PRINT NAME

In Support of a Motion to Proceed In Forma Pauperis

Case Name: Head v. USDocket Number: 05-1048 (District Court #04-40089)Are you now employed? ☐ Yes ☒ No ☐ Self Employed

Name & Address of Employer: _____

IF YES, how much do
you earn per month? \$ _____IF NO, give month & year of
last employment _____*Divorced Over 30 years ago. Have not
Seen them in Over 30 years*How much did you earn per
month? \$ _____If married, is your spouse employed? ☐ Yes ☐ NoIF YES, how much does your spouse
earn per month \$ _____If a minor under age 21, what
is your parents' or
guardian's approximate
monthly income? \$ _____Have you received in the last 12 months any income from a business,
profession, or other form of self-employment, or in the form of rent
payments, interest, dividend, retirement or annuity payments, or other
sources? ☒ Yes ☐ No

IF YES, give the amount

Received: Sources:

received and indentify sources: _____

See Trust Fund Statement Herewith

Have you any cash on hand or money in savings or checking account?

☒ Yes☐ NoIf YES, state total amount \$ 0.02Do you own any real estate, stocks, bonds, notes, automobiles, or
other valuable property (excluding ordinary household furnishings and
clothing)? ☐ Yes ☒ No

If YES, give value and describe:

Value:

Description:

Marital status: Number of Dependents:

☐ Single☐ Married☐ Widowed☒ Separated or DivorcedList persons you actually
support & your relationshipNONEDebts & Monthly Bills: (list all creditors, including banks, loan
companies, charge accounts, etc.)

Creditors:

Total Debt:

Monthly Payment:

Apt. or Home: NONEI am a Fed. Prisoner

\$

\$

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\$

I certify the above to be correct.

Signature of movant: Joseph Marion Head JuniorDate: 1-26-05[Prisoners must attach a Certified Statement of Institutional Trust
Account.]